



Covington Rescue Squad

435 W. Hawthorne Street
P.O. Box 588
Covington, Va. 24426



Phone: 540-965-6392 Fax: 540-965-6358

We are pleased you have expressed an interest in becoming a member of the Covington Rescue Squad. Attached is the application in its entirety, which you may return to either our main station on Hawthorne Street or to any squad member. When you return your application, please remember to attach your driving record.

Below is a brief summary of the three different categories that currently exist in which members may join. While it is not inclusive of the description for each category, it may be an aid to you when deciding just which type of member you will choose to become.

Again, thank you for your interest in joining the Covington Rescue Squad and look forward to receiving your completed application soon.

FULL MEMBERSHIP: Must be 21 years of age. Must maintain a current EMT certification and a current full course (Adult, Child, Infant) CPR certification. To be eligible to drive squad vehicles, the member must possess a current EVOG certification as defined in squad policy. A full member who loses either EMT or CPR certifications shall revert back to trainee status until all certifications are current. The member will be reinstated to full membership immediately upon meeting all certification requirements. Failure to comply within nine (9) months will result in the member being dropped from the roll of the Covington Rescue Squad.

ASSOCIATE MEMBERSHIP: Must be 21 years of age. Must maintain a current full course (Adult, Child, Infant) CPR certification. Associate members are not required to have an EMT certification, however to be eligible to drive squad vehicles, the member must possess a current EVOG certification as defined in squad policy.

ASSOCIATE 16 to 21 MEMBERSHIP: Must be 16 years of age. Must have a current full course (Adult, Child, Infant) CPR certification and maintain the CPR certification. Associate 16 to 21 members are not required to hold an EMT certification. They shall not hold any elected office. Associate 16 to 21 members may attend social functions hosted by the squad and may perform any other duties for the benefit of the squad, both according to the Associate 16 to 21 policy. At the age of 18 and graduated from high school, the Associate 16 to 21 member can be the attendant in charge (AIC) on calls, provided they have successfully obtained and maintain an EMT certification. At the age of 18 and graduated from high school, the Associate 18 to 21 member will be allowed to drive squad vehicles in accordance with squad policy, provided he or she possesses a current EVOG certification as defined in squad policy and he or she holds a valid Virginia driver's permit. The Associate 16 to 21 member, at his or her 21st birthday, will automatically move to Associate Membership.

COVINGTON RESCUE SQUAD
REVISED AUGUST 9, 2010



APPLICATION FOR MEMBERSHIP
Application #: _____

FULL _____ ASSOCIATE _____ ASSOCIATE 16 to 21 _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____

TELEPHONE #: _____
(HOME) (WORK) (CELL PHONE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____ NAME OF SPOUSE: _____

IN A BRIEF SUMMARY, TELL WHY YOU WANT TO JOIN THE COVINGTON RESCUE SQUAD:

DO YOU HAVE ANY CHILDREN LIVING WITH YOU NOW? _____

IF SO, GIVE THEIR NAMES & AGES: _____

ARE YOU A U.S.-BORN CITIZEN? _____ U.S. NATURALIZED? _____ IF YES, WHEN? _____

LIST ANY ASSOCIATIONS, CLUBS OR ORGANIZATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER OF, AND ANY SPECIAL SKILLS YOU POSSESS:

IN CASE OF AN EMERGENCY, NOTIFY?:

(NAME, RELATIONSHIP & PHONE NUMBER)



WHAT IS YOUR CURRENT EMPLOYMENT?: _____
(EMPLOYER) (ADDRESS)

(PHONE NO.) (DATE(S) OF EMPLOYMENT)

DO YOU WORK SHIFT WORK?: _____ **CAN YOU SWIM?:** _____

ARE YOU PRESENTLY AN ACTIVE MEMBER OF A NATIONAL GUARD OR RESERVE UNIT? _____

IF SO, PROVIDE THE UNIT: _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION OR GROUP THAT WOULD PROHIBIT YOU FROM RENDERING TREATMENT TO ANY PERSON BECAUSE OF THEIR OR YOUR SEX, RACE OR RELIGION?: _____

IF YES, EXPLAIN: _____

DO YOU CURRENTLY HAVE A VALID VIRGINIA OPERATOR'S LICENSE?: _____

IF NOT, WHICH STATE IS IT ISSUED?: _____

HAS YOUR OPERATOR'S LICENSE EVER BEEN SUSPENDED OR REVOKED?: _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN INSTRUCTED BY A PHYSICIAN TO AVOID LIFTING AND CARRYING WEIGHTS EXCEEDING 75 POUNDS?: _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: _____

IF YES, EXPLAIN: _____



LIST FIVE CHARACTER REFERENCES, OTHER THAN RELATIVES:

- 1. _____
(NAME, ADDRESS & PHONE NO.)

- 2. _____
(NAME, ADDRESS & PHONE NO.)

- 3. _____
(NAME, ADDRESS & PHONE NO.)

- 4. _____
(NAME, ADDRESS & PHONE NO.)

- 5. _____
(NAME, ADDRESS & PHONE NO.)

DRIVING TRANSCRIPT & RETURNING THE APPLICATION

Your driving transcript may be obtained at the Division of Motor Vehicles.

THIS COMPLETED APPLICATION, ALONG WITH YOUR DRIVING TRANSCRIPT, MAY BE RETURNED TO THE MAIN STATION, 435 WEST HAWTHORNE STREET, OR TO ANY SQUAD MEMBER, WHICH WILL THEN BE FORWARDED TO THE PRESIDENT FOR CONSIDERATION AT THE NEXT MEETING.

AT THE TIME OF YOUR INTERVIEW, BRING ALL CERTIFICATION CARDS WITH YOU FOR THE PURPOSE OF PHOTOCOPYING FOR YOUR FILE.

PERMISSION TO INVESTIGATE

By undersigning, I hereby authorize the members of the Covington Rescue Squad to make any investigation of my personal, professional, driving, civil, criminal and educational history and records through any investigative agencies, bureaus, or methods of its choice.

By undersigning, I certify that should my membership in the Covington Rescue Squad terminate, for any reason, I shall immediately return to the quartermaster sergeant all squad-owned equipment and materials in good working condition and repair. I further certify that should the equipment or materials be returned or damaged through my negligence, whether intentional or otherwise, I will make restitution to the Covington Rescue Squad in the amount required to repair or replace the damaged equipment or materials.

By undersigning, I certify that the forgoing answers provided by me are true and correct to the best of my knowledge and belief. Any false statement is sufficient cause for rejection of the applicant or dismissal after appointment.

(SIGNATURE)

(DATE)

COVINGTON RESCUE SQUAD



APPLICATION FOR MEMBERSHIP

FOR SQUAD USE ONLY!

APPLICATION COMMITTEE:

RECOMMEND/NOT RECOMMEND/OTHER:

DATE MET: _____

SIGNATURE OF COMMITTEE MEMBERS:

PROBATION REVIEW BY WORKING OFFICERS

DATE: _____

RECOMMENDED/NOT RECOMMENDED/OTHER: (PLEASE NOTE DECISION): _____

SIGNATURE OF WORKING OFFICERS REPRESENTATIVE: _____

NECESSARY COMMENTS: _____

DECISION BY VOTING MEMBERS

TABLED: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

PROBATIONARY: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

TRAINEE: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

STATUS

ACTIVE: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

ASSOCIATE: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

ASSOCIATE 18: _____ **ACCEPTED/REJECT/OTHER BY**
PRESIDENT (DATE: _____)

NECESSARY COMMENTS: _____



Request for Driving Transcript

This is to certify that _____ is applying for membership in the Covington Rescue Squad. As part of the application process, this applicant must obtain a copy of his or her driving record from the Division of Motor Vehicles.

DATE



Timothy A. Dick, Captain



**PLEASE PRINT THE FOLLOWING
INFORMATION IN
LEGIBLE HANDWRITING**

(First Name)

(Middle Name)

(Last Name)

(Suffix)

(Race)

(Maiden Name, If Applicable)

(Date of Birth)

(Social Security Number)

I hereby certify that all entries on my criminal history form are true and complete, and I agree and understand that the Western Virginia EMS Council will be providing the agency I have applied for verification of my ability or inability to provide EMS care in the commonwealth of Virginia. I understand that all information provided is subject to verification and I consent to the criminal history background check. Information gathered may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis only for good cause as determined by the agency or designee. I will not hold the Western Virginia EMS Council or the agency which I have applied for responsible for any negative results that may, in the course of running my criminal history, be discovered.

Date: _____

Signed: _____